

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathiam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L76559** (8)

1. Corporation Name
ACCOUNTING AND CLERICAL BY REEVES AND ASSOCIATES, INC.



Principal Place of Business: **% WANDA REEVES, 501 GOODLETTE ROAD, SUITE B-204, NAPLES FL 33940**
Mailing Address: **% WANDA REEVES, 501 GOODLETTE ROAD, SUITE B-204, NAPLES FL 33940**

3. Date Incorporated or Qualified: **05/29/1990**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-3011557** Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 State Apt. #, etc.; 22 City & State; 23 Zip; 24 Country; 25
2a. Mailing Address: 26 State Apt. #, etc.; 27 City & State; 28 Zip; 29 Country; 30

9. Name and Address of Current Registered Agent
**REEVES, WANDA
501 GOODLETTE ROAD
SUITE B204
NAPLES FL 33940**

10. Name and Address of New Registered Agent
81 Name; 82 Street Address (P.O. Box Number is Not Acceptable); 83; 84 City; 85 Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0602 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby, accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0605, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS
TITLE: **PTS** [] DELETE
NAME: **REEVES, WANDA**
STREET ADDRESS: **3635 BOCA CIEGA DR., #105**
CITY-ST-ZIP: **NAPLES FL**
TITLE: **D** [] DELETE
NAME: **REEVES, WANDA**
STREET ADDRESS: **3635 BOCA CIEGA DR., #105**
CITY-ST-ZIP: **NAPLES FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
11 TITLE: [] Change [] Addition
12 NAME:
13 STREET ADDRESS:
14 CITY-ST-ZIP:
21 TITLE: [] Change [] Addition
22 NAME:
23 STREET ADDRESS:
24 CITY-ST-ZIP:
31 TITLE: [] Change [] Addition
32 NAME:
33 STREET ADDRESS:
34 CITY-ST-ZIP:
41 TITLE: [] Change [] Addition
42 NAME:
43 STREET ADDRESS:
44 CITY-ST-ZIP:
51 TITLE: [] Change [] Addition
52 NAME:
53 STREET ADDRESS:
54 CITY-ST-ZIP:
61 TITLE: [] Change [] Addition
62 NAME:
63 STREET ADDRESS:
64 CITY-ST-ZIP:

14. I do hereby certify that the information supplied on this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Wanda L. Reeves* 4/30/96 941/434-7157
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)